INSTRUCTIONS GUARDIAN OF MINOR INFORMATION FORM

GENERAL: This form provides the Clerk of Court with the information necessary to appoint and qualify guardians for minors. This sheet contains special instructions to help you fill out this form. If you have any questions, you should telephone the Clerk. If you are unable to complete this form, the Clerk will help you. You should telephone the Clerk's office for an appointment before you go to the courthouse. Please complete as much of this form as possible before you see the Clerk.

- **Line 1.** State the minor's full name.
- **Line 4.** If you are unsure of the correct answer to this question, leave it blank until you talk to the Clerk of Court.
- **Line 7.** Please provide the Clerk with a copy of the will or the Court's Order of Appointment, if any.
- **Line 8.** This can be the same as the person making the request.
- **Lines 12-15.** These lines are used to identify a co-guardian, if there is one.
- **Lines 18-20.** These questions must be answered by the person(s) who wishes to be qualified as guardian by the Clerk. A "yes" answer to any of these questions does not automatically disqualify a person from serving. Each case must be decided by the court based on its specific facts.
- Line 21. Because of the difficulty in determining exact values at the time of qualification, the Clerk will accept a reasonable estimate of the fair market value of the minor's personal property. If you do not know the actual value of the minor's real property, you may use its assessed value for local real estate tax purposes. In addition to including all property in the traditional sense, you must also include the value of (i) any periodic payments of money to which the minor is entitled (such as Social Security, SSI, veteran's benefits, etc.), and (ii) the minor's legal or equitable ownership interest in any real or personal property that will pass to another at the minor's death by a means other than testate or intestate succession (such as property owned in any survivorship form with another person or an interest in a trust fund).

GUARDIAN OF MINOR INFORMATION FORM Court File No.: COMMONWEALTH OF VIRGINIA Circuit Court of _____ 1. Minor's full name 2. Residence address (street, city, state) 3. Date of birth: Place of birth: 4. Qualification requested: guardian of person guardian of estate temporary guardian 5. Name of person making request: 6. Mailing address 7. Basis for qualification: court order decedent's will other (specify) 8. Name of person seeking qualification: 8a. Relationship to minor, if any 10. Residence address 11. Mailing address, if different 12. Name of additional person seeking qualification: 12a. Relationship to minor, if any 13. Day telephone _______Night telephone 14. Residence address 15. Mailing address, if different 17. Attorney's mailing address I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court. DATE PRINTED NAME OF REQUESTING PERSON SIGNATURE OF REQUESTING PERSON INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION 18. Have you ever been convicted of a felony? 19. Have you ever filed for bankruptcy? yes no. 20. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? no. (If yes, and you do yes not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.) 21. The value of the minor's personal property (see instructions) is \$ -----The value of the minor's real estate (see instructions) is \$ ------The total value of the minor's entire estate (see instructions) is I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court. DATE PRINTED NAME OF PERSON SEEKING QUALIFICATION SIGNATURE OF PERSON SEEKING QUALIFICATION SIGNATURE OF PERSON SEEKING QUALIFICATION PRINTED NAME OF PERSON SEEKING QUALIFICATION